Time Override Form
Student Form

Student Information

Today's Date: _____

Name: _____   M# _____

MTSU Email: _____ *@mtmail.mtsu.edu*   Current Class Schedule: **Attached Copy Required**

Reason for TIME Override: _____

_____

_____

_____

Courses in Question:

Instructor whose class you will be **leaving early or missing** (please print) _____

Department and Course Title: _____

CRN#, Course Number and Section Number: _____

Day & Time Course meets: _____

Instructor's Signature: _____   Date:_____

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Instructor whose class you will be **arriving late or missing** (please print) _____

Department and Course Title: _____

CRN#, Course Number and Section Number: _____

Day & Time Course meets: _____

Instructor's Signature: _____   Date: _____

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Department Chair Approval:

Department Name _____ Chair Name (printed)_____

Chair Signature: _____   Date: _____

Department Name _____ Chair Name (printed)_____

Chair Signature: _____   Date: _____

Biology Department Form: 10/28/25